

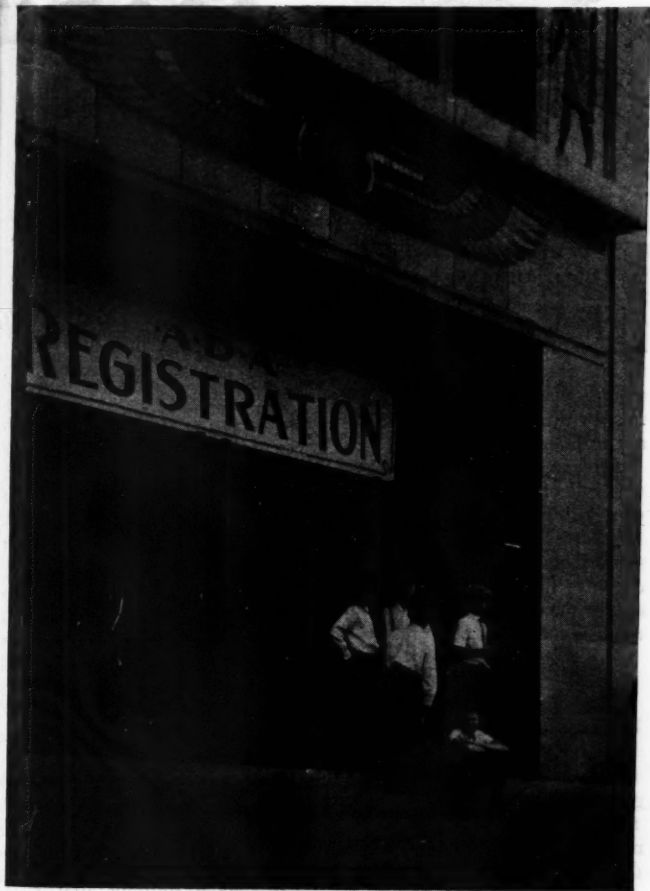
ORAL HYGIENE

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The presence of the boys on the Temple steps is not accidental. The younger generation was not neglected by the A. D. A.



President-Elect
Sheppard W. Foster.



LONG toward the end of September the center of dental population shifted to Louisville, Kentucky. Some said that the registration was around 10,000; at this writing accurate figures are not to be had.

Anyway the Blue Grass State was full of dentists. The hotels were full too and for all ORAL HYGIENE knows some of our subscribers may have bedded down in the local parks or even sought the cool recesses of Mammoth Cave.

Fair and Warmer

Sleeping quarters beside the Dead Sea, or near Side-Saddle Pit, or under the Elephant Heads or anywhere else in the great caverns would have proved rather pleasant during the pre-meeting days, Saturday and Sunday when the city sweltered. But cooler weather was recorded Monday and by Tuesday some of the bunch wanted topcoats.

Louis High

There is a great deal to see in the vicinity of Louisville and many American Dental Association members took advantage of the opportunity to visit local points of interest, many making the pilgrimage to Mammoth Cave.

On Monday evening, September 21st, the social activities of the annual convention were opened with a dance at Kosair Shrine Temple, attended by about 3000.

With the Frats

Annual banquets of Delta Sigma Delta, Psi Omega and Xi Psi Phi were also held on Monday night.

The Xi Psi Phi banquet was held by the National Alumni Chapter and the Supreme Chapter of the organization, the Supreme Chapter having elected its officers over the week-end. Dr. H. G. Tanzey, Kansas City, Mo., succeeds Dr. E. D. Coolidge, Chicago, as supreme president and Dr. Harry Pinney of Chicago, was honored by re-election as supreme secretary-treasurer. Dr. C. S. Parker, Detroit, was elected supreme first vice-president; Dr. G. A. Grubb, Lincoln, Nebr., supreme second

isville h Lights



President C. N. Johnson.

vice-president; Dr. V. H. Nilsson, Minneapolis, supreme editor; Dr. K. Paul Ramsey, Philadelphia, supreme reverend monitor; Dr. Ralph McGoogan, Lincoln, Nebr., supreme herald; Dr. H. A. Comeau, Los Angeles, supreme sentinel, and Dr. R. O. Collins, of San Francisco, supreme guard.

The officers of the National Alumni Chapter of Xi Phi were chosen at the business session Monday, the newly-elected president being Dr. J. F. Alcorn, St. Louis; the other Alumni Chapter officers include Dr. J. H. Billings, Kansas City, Mo., first vice-president; Dr. J. D. Jordan, Little Rock, Ark., second vice-president; Dr. Geo. A. Coleman, Philadelphia, third vice-president; Dr. G. W. Hillias, Kansas City, Mo., secretary-treasurer and Dr. V. H. Nilsson, Minneapolis was elected editor.

Delta Sigma Delta also conducted an election of officers, those honored being: Dr. R. M. Seibel, Kansas City, Mo., supreme grand master; Dr. F. Wade Larue, Indianapolis, supreme worthy master; Dr. R. H. D. Swing, Philadelphia, supreme scribe and Dr. R. C. Bacon, Chicago, supreme treasurer.

The ladies held their sessions on Monday, the American Dental Assistants' Association, the American Dental Hygienists and last, but by no manner of means least, the Federation of American Women Dentists.

Dental Examiners Convene

The National Association of Dental Examiners of which Dr. George L. Powers is president met Monday at the Brown, some forty states having sent delegates for the forty-third annual session of this body. The subject chiefly discussed was a uniform national examination as a step toward national reciprocity. Following Dr. Powers' presidential address, Dr. W. F. Walz, of Lexington, Ky., chairman of the Committee on the National Board of Dental Examiners, presented his report.

A resolution was drafted and referred to each state association for action. It provides that the association indorse the national



Vice-President.
Dr. J. G. Hildebrand,

board, the latter to consist of five members from the National Association of Dental Exam-OH—Louisville HL — Gal. 2 iners, five from the American Association of Dental Schools, and five from the American Dental Association, three of the latter to be examiners or former examiners and the surgeons general of the United States Army, Navy, and Public Health Service or officers of their respective dental corps appointed by them. The presidents of each of these bodies would be empowered to appoint their members to the board.

The resolution also provides that a committee of five from the national board present the plans and purposes of the board to the Carnegie Foundation with a request for a grant to finance the board.

Dr. Powers in his presidential address urged higher standards for dentistry, stressing a need

for stricter accountability of dental colleges, better facilities, the elimination of Class C schools and the raising of Class B schools to the A class. Dr. Powers also directed attention to the need for a high state board personnel, law enforcement and varying term expirations on state boards. He recommended approval of the Carnegie Foundation in its efforts to advance dentistry and urged the profession to work for constructive legislation and to condemn vicious legislation affecting the profession.

Dr. Powers pled for a broader educational program and more intensified training for dentists.

Col. Logan Speaks

Many of the visiting dentists attended the Jefferson County Medical Society meeting Monday night. Col. William H. G. Logan, Chicago, head of the U. S. Army Dental Corps during the World War and president of the International Dental Congress, delivered an address on "Important Surgical Problems of the Mouth and Face." Other speakers were Dr. Irvin Abell, Dr. Lee Kahn, Dr. Wallace Frank and Dr. E. C. Hume.

The House of Delegates met daily during the week, following an opening meeting at Kosair Temple on Monday.

Under Way

The real march of events started Tuesday morning with the formal opening session at the Brown Hotel.

Dr. C. N. Johnson delivered a powerful presidential address, following the asking of the invocation by Bishop Charles E. Woodcock. Lieut. Governor H. H. Denhardt, acting Governor, welcomed the profession to the Blue Grass State while Mayor Huston Quin did the honors for Louisville. A. Y. Ford, president of the Board of Trustees of the University of Louisville welcomed the delegates in behalf of his institution.

Dr. E. C. Hume, as chairman of the Local Arrangements Committee, presented President Johnson with a gavel.

Luncheon Clubs Addressed

During the noon hour members of the profession addressed various luncheon clubs. Dr. E. L. Pettibone, Cleveland and Dr. J. M. Prime, Omaha, addressed the Optimists; Dr. H. J. Crume, Eldorado, Ark., and Dr. Guy S. Milberry, San Francisco, the Lions while Dr. Wallace Sec-



Dr. R. P. Thomas, Chairman Entertainment Committee.

combe, Toronto, and Dr. Thos. P. Hinman of Atlanta spoke at the Co-Operative Club luncheon.

Dr. J. P. Buckley of Hollywood, Calif., Lieutenant Governor of the California-Nevada Kiwanis District, and Dr. A. W. Thornton of Montreal, Canada, spoke to the Kiwanis members, and Dr. L. M. Waugh of New York and Dr. R. J. Rinehart of Kansas City to the American Business Men's Club members.

Prof. Sutton Speaks

Prof. Willis A. Sutton, of Atlanta, was featured at the Tuesday evening meeting at the Brown; Prof. Sutton dealt with "Saving Millions and Preserving Life Through Oral Hygiene."

"The fundamental progress in all education in America is the consummation of the man power and the woman power of the country," he said. "It is the business of modern education



Dr. Arthur R. Melendy, Treasurer.

first of all to see that a boy or girl has a strong body, because his or her body is to be transmitted down through the ages, and unless physically fit he or she must transmit tendencies toward defects, if not defects themselves. The human mouth is the source of infection. The mouth must be cleaned out and kept clean and proper diet provided if proper teeth are to be grown in children.

"Good teeth are an economic necessity as well as necessary to the growth and development of the child. Children with infected teeth invariably are found to be subnormal and behind their regular classes. Experiments and work among the children of Atlanta schools have proved this conclusively. It has been proved in every community in America. Save the teeth and you save the men and women of tomorrow."

The Health Exhibit a Success

Through the years special committees and affiliated organizations have grown in number and these were active at Louisville.

The fourth annual Health Exhibit to be presented by the Council on Mouth Hygiene and Public Instruction occupied a large room on the basement floor of Kosair Temple, just off the main hall which was given over to commercial exhibits. The mouth hygiene exhibits were numerous and many were unique, driving home the gospel of oral hygiene with pictures and mod-

els. Several of these exhibits were photographed by ORAL HYGIENE and are here shown.

The National Association of Industrial Dental Surgeons was also active, meeting Wednesday at the Brown. The American College of Dentists banqueted the same evening at the Seelbach.

The Ladies Not Forgotten

The Entertainment Committee was on the job and did not forget the wives who had accompanied their dentist lesser-halves to Louisville; among other things a special program was staged for them on Tuesday at the Elks' Club where James Tandy Ellis was featured in a humorous monologue and sang negro folk songs.

In the Exhibit Hall

The commercial exhibits of dental manufacturers were particularly interesting this year,



Dr. Paul R. Stillman.

more than 160 firms participating. The exhibits were well attended although attendance was felt to have been reduced somewhat through the fact that the magnitude of the convention made it impossible to concentrate the scientific program at Kosair Temple.

Schools Hear Dentists

A valuable feature of this year's meeting, from the standpoint of both profession and lay public was the lecture program starting at 9:30 Wednesday morning when prominent members of the profession visited fifty-three of Louisville's public schools and parochial schools.

The Public Meeting

Wednesday evening the public was invited to a general meeting in the ball room of the Brown, where Dr. Thos. B. Wood of Columbia University, lectured on "Co-operation of Teachers and Dentists in the Dental Hygiene of Children."

"The key to social betterment is co-operation," Dr. Wood said. "Industrial prosperity waits for co-operation between capital and labor. Agricultural well-being waits for and depends upon co-operative marketing. The success of education in many fundamental and vital phases depends upon co-operation of the school and home. These are merely examples of numberless situations in modern civilization where co-operation of strategic factors and agencies provides the indispensable element to insure efficiency

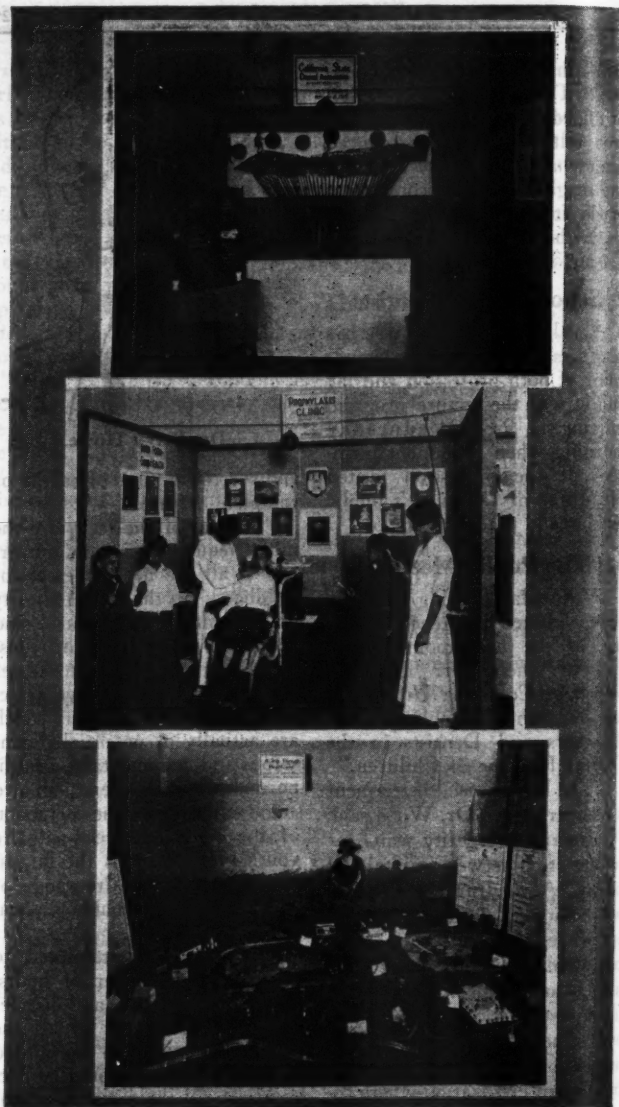


Dr. Percy Howe.

and success in place of partial or complete failure.

"Defects of the teeth are the most frequent and most numerous of all the health defects of childhood. In the great majority of the schools, both rural and urban, of this proud and prosperous nation, from 50 to 98 per cent of the children have defective teeth—health defects which are actually or potentially dangerous and detrimental to health, normal development, and to sound education. The correction of the dental defects of the youth of America is the largest problem in the entire range of correction of remediable physical health handicaps.

"Someone has attempted to estimate the number of hours, days, months, years, and decades of dental treatment by all the dentists practicing in the United States today that would be necessary to fill the solvable carious teeth of the children of America at the present time," he said. "The figures in the estimate are



(Top to bottom)—Health exhibits of California, Cincinnati, O., and Colorado.



(Top to bottom)—Health exhibits of Mississippi, Lake Forest, Ill., and Pennsylvania.



The ladies were there.

like some of the mathematical calculations of the astronomer—they stagger the imagination. This task is not impossible, but it is as colossal as it is important.

"Who can estimate the menace of defective teeth, the teeth decayed, the teeth that are out of line, that do not bite properly; the teeth that are impacted and can not get through the gums to perform the work that teeth are intended to perform? After thirty years of medical experience as a physician, not as a dentist, I am appalled by the indubitable evidence of the astounding significance of teeth, and of the harmful and destructive results of defective teeth upon human beings.

"I am further appalled by the extent of the failure of the intelligent public, of teachers, parents, and even many physicians and dentists, to appreciate the significance of human teeth, and particularly the importance of healthy teeth for children."

Kentucky to Conduct Oral Hygiene Campaign

The Kentucky Dental Association, which met simultaneously with the A. D. A., dealt chiefly with the establishment of a fund to finance an oral hygiene campaign through Kentucky; educational literature is to be mailed to the laity throughout the state.

Dr. William E. Goepper of Louisville was elected president to succeed Dr. Hugh McElrath of Murray. Other officers elected were Dr. M. B. Guthrie of Lexington, vice-president; Dr. W. M. Randall of Louisville, secretary; Dr. H. J. Patrock of Paint Lick, treasurer.

Oral Surgeons and Exodontists Hold Meeting

The American Society of Oral Surgeons and Exodontists convened on Saturday preceding the A. D. A. convention opening and conducted clinics and the annual business meeting, as well as election of officers.



The town was full of speeches.



The exhibit hall was crowded most of the time.

The following officers were elected:

President, Dr. Joseph P. Wahl, of New Orleans; president-elect, Dr. Roy S. Hopkinson, of Milwaukee; vice-president, Dr. Earle H. Thomas, of Chicago; secretary, Dr. E. C. Hume, of Louisville, and treasurer, Dr. F. W. Rounds, of Boston.

In the session of the convention of the American Academy of Periodontology, which met at the Brown Hotel, Dr. M. H. Garvin of Winnipeg, Canada, was elected president.

Other officers elected were:

President-elect, Dr. C. H. Schott, of Cincinnati; vice-president, Dr. Julian Smith, of Dallas, Texas; secretary and treasurer, Dr. J. Herbert Hood, of Cleveland, and councilmen elected were Dr. Grace Rogers

Spalding of Birmingham, Mich.; Dr. Gillette Hayden of Columbus, Ohio, and Dr. C. W. Hoffer of Nashville.

Officers also were elected in the annual convention of the American Association of Dental Radiographers.

Dr. Charles F. Chandler, of Montgomery, Ala., was elected president.

Other officers elected by the association were:

President-elect, Dr. Fred F. Molt, of Chicago; vice-president, Dr. F. Prossus, of Rochester, N. Y.; secretary and treasurer, Dr. A. A. Moore of Buffalo, and a board of directors: Dr. Martin Dewey, New York, N. Y.; Dr. H. J. Feltus, Baton Rouge, La.; Dr. DeLos Hill, Atlanta, Ga.; Dr. Frank H. Dean, Worcester, Mass.; Dr. J. H. Prothero, Chicago, and



The hotels were jammed.

Dr. George L. Wormer, of Denver.

Dentistry on the Air

The radio has become a real factor in oral hygiene education of the laity and through the co-operation of *The Louisville Courier-Journal* and *The Louisville Times*—papers founded by the late Marse Henry Watterson—the A. D. A. was afforded an opportunity to broadcast from WHAS, the station maintained by these newspapers.

A number of prominent dentists, including President C. N. Johnson, broadcast dental health talks to the invisible audience. Others who were heard "on the air" were president-elect Sheppard W. Foster, Dr. Henry L. Banzhaf and Dr. Arthur D. Black.

Election of Officers

Thursday saw the election of officers for 1927, Dr. J. F. Biddle of Pittsburgh being chosen president-elect to succeed

Dr. Sheppard W. Foster who will preside at the Philadelphia convention next year.

Dr. E. C. Hume, of Louisville, to whom great credit is due for his work as chairman of the local committee on arrangements this year, was honored with the first vice-presidency; Dr. Geo. W. Dick, Sumter, S. C., was elected second vice-president; Dr. Geo. W. Hillias, Kansas City, Mo. was named third vice-president.

Dr. Arthur R. Melendy was re-elected treasurer of the A. D. A. and Dr. Otto U. King, to everybody's satisfaction, retains the secretaryship which he has filled so capably for so many years.

Dr. W. F. Walz, Lexington, Ky., was elected unanimously to be a member of the board of trustees of the Association. He will represent the fifth district, embracing Kentucky, Indiana, Tennessee and Michigan. He succeeds Dr. William A. Giffen, Detroit, whose term has expired. Two other trustees were named for terms which also have expired. They are Dr. J. F. Stephan, Cleveland, of the third district, who succeeds Dr. J. F. Biddle, Pittsburgh, the new president-elect, and Dr. Frank T. Taylor, Boston, representing the first district. Dr. Taylor has been serving out the unexpired term of the late Dr. William H. Eaton, Boston. Dr. W. R. Wright, Jackson, Miss., was elected the trustee from the fourth district, to succeed Dr. Sheppard W. Foster, Atlanta, who resigned his trusteeship to



Heavy traffic in the exhibit hall.

assume the presidency of the association for 1926.

The Budget

The national association's estimated budget for 1926, totaling \$273,217.32, and submitted by the Board of Trustees, was adopted following the election of officers. For the meeting at the Seventh International Dental Congress' meeting in Philadelphia next August, \$30,000 was set aside; \$1,500 was allotted for the Legislative Committee and for an investigation of dental materials, and \$27,058.27 was appropriated for the Dental Education Council of America. The total of these and other committee and commission allotments was \$118,317.32, and of the general association expenses, including those of the journal, secretary, treasurer, etc., \$154,900.

The budget estimates a total of \$339,148.73 will be derived from dues, advertising and general fund reserve next year, and that a balance of \$65,181.41 will be left after the general committee, commission allotments are defrayed.

The Research Commission of the association was granted \$27,058.27. Dr. Russell W. Bunting, Ann Arbor, Mich., was elected chairman of the Research Commission, Dr. F. V. Simonton, San Francisco, and Dr. Edward R. Hatton, Chicago, were also named officers of the commission.

Philadelphia next year! The A. D. A. is to convene there in August with the Seventh International Dental Congress at the Sesqui-Centennial.

And Pittsburgh in 1927.



Homeward-bound.





WHY Dentists Go Mad

Apologies to John Forbes

By THOMAS C. BONNEY, D. D. S., Aberdeen, S. D.



ES, dearie, this is the dentist's office. No, he doesn't own the office, he just rents it.

I don't know why he is a dentist. No, I don't know why he didn't study law. No, I don't know whether that is a picture of his wife or not. No, all dentists are not married. They call them that because they fix teeth. No, all dentists are not tall and skinny. No, they don't all have little dinky moustaches.

Yes, he's calling me. No, you can't come in. No, you just wait out here and read this pretty book.

Willie! you mustn't tear up the doctor's books like that. Well, if you will promise to be good and not bother the doctor.

How do you *do* doctor! I brought Willie today; he's such a sweet child and I'm sure you won't mind his being around. No, I don't feel—*Willie!* what *did* you pull out that drawer for? He is such a mischievous

child, doctor! Now sit right there Willie and don't get in the doctor's way.

That? Oh, that is a cuspidor. No, it has nothing to do with a door. You mustn't touch those things, dearie.

Now! see what you've done! No, you can't have a drink. No, the doctor has no candy in the office. I don't know how old the doctor is. No, all doctors are not old.

Willie! you mustn't say such things in the office!

He is such a precocious child, doctor. As my sister was saying the other day—*Willie!* will you get out from under the doctor's feet? Now mind mother like a little darling and sit right down there and don't move around.

That is a gas machine. I don't know why it is so shiny. No, they don't burn that kind of gas. Yes, the doctor knows how to work all those knobs. I don't know why they call it gas.

Isn't he the inquisitive little scamp, doctor? No, you can't

see it when it comes out of the machine. As I started to say doctor—

Willie! you *mustn't* turn those knobs. Yes, the gas runs out when you do. Just a minute, doctor.

That is the doctor's engine. No, it does not run itself. Yes, the doctor knows how to run it. I don't know why they paint them black.

Yes, red paint would stay on just as well. Isn't he the cutest ever, doctor?

No, you can't have another drink. There see what you've done. And all over the doctor's nice rug too. No, it won't fade. Oh, doctor, I am sure Willie did not mean to spill that stuff all over your shoes.

No, Willie, the doctor is not hurting mother. Oh, excuse me, doctor; I did not know you were waiting on me. No, Willie, this is not chewing gum. Yes, the doctor washed his hands. As I started to say a few minutes ago doctor—

Willie! you *mustn't* scratch the wall with your knife like that. Yes, they can paint it again but you must not do that.

No, you can't go out in the other room. I have to keep my eye right on him doctor—the little dickens!

Now sit right there Willie; mother will soon be ready to go. No, daddy isn't coming up after us. Yes, I'll give you a penny when we get home. Now, Willie, I don't want—I *beg* your pardon, doctor.

You say you have some people waiting for you? What! have I been here *that* long? You *can't* do anything more for me today.

But you promised to finish the work at my next appointment. If I'd left Willie home? Well, I like your nerve. No—Yes—No—No, I don't *want* another appointment. Yes, Willie, we're going.

No, the doctor is not a gentleman.

No, all dentists are not as ill-mannered as he is. Yes, this is the elevator. No, you can't have any candy.

Well, if you promise to be good and not get it on your clothes. Yes, this is chocolate ice-cream. Yes, this is for your being such a darling this afternoon.

Coming:

Dr. Bonney's "Twentieth Century Etiquette for the Dentist"

International Oral Hygiene

Translated and Briefed by CHAS. W. BARTON

Australia

Dr. W. Stewart Ziele's comments on J. Ellis Barker's book on the prevention of cancer, a publication sponsored by Sir W. Arbuthnot Lane, the famous British surgeon, in a dental periodical of the importance of *The Dental Science Journal of Australia* (June, 1925), appears to us to be a promising sign of the active interest which the dental profession is beginning to show in the question of nutrition and foodstuffs. If we give here both some of Dr. Ziele's comments and Barker's bombshells, it is for the reason that the book has not been favorably received by the medical profession or by the druggists, which, as Dr. Ziele says, "of course, is natural, for similarly the dental profession would be skeptical of an economist who claimed to have discovered for us something which we ourselves had failed to discover."

The American Medical Association has branded the book as a "pernicious and harmful piece of literature"; still, the conviction is taking a stronger hold day by day among the dental profession of America that they are vitally interested in foods and nutrition, and that they will play eventually an important role in the reconciliation of the fads of civilization with the facts of Nature.

As we cannot, says Dr. Ziele, at present be saved from cancer by the medical profession or by the local and national authorities, we must, as Mr. Barker points out, help ourselves.

The following are some extracts from the book:

"Our scientific foods are a snare and a delusion. Chemists and scientists cannot improve on our natural foods.

"In the United States, the use of borax as a preservative is not permitted. America can afford to smile at England's blindness in allowing the people—babies and invalids—to be poisoned by daily doses of borax, from which there is, apparently, no escape.

"Heated milk, kept 24 hours at summer temperature, is one of the best things known for killing babies.

"Pandering food-fakers and chemists combined are converting an originally healthy and strong race into a race of miserable, melancholy dyspeptics, who are unable to stand fresh air, strong sun, cold water, natural food and natural exercise. They are creating a new race—a race of men and women whose system has been poisoned all along the alimentary canal from rotten teeth and gums sodden with pyorrhea, down to the anus ornamented with hemorrhoids and fistulas. They are producing a race of men and women whose putrefying tissues and organs have to be removed piecemeal by the surgeons so as to save the rest of the body."

Another very earnest plea to the dental profession for a deeper interest in dietetic problems is voiced in the same journal by J. Monahan Lewis in a paper on "Oral Hygiene and Its Significance": "The period is now approaching in the life of the dental profession as a whole which, I believe, is reached by every thoughtful practitioner after he has been established for a num-

ber of years, when—after having fought with the ravages of dental disease, and seeing no sign whatever of any diminution in its volume—he realizes that he is doing little himself to prevent it. Even those who have interested themselves in preventive measures, and have given detailed instructions to their patients, have often felt that *the problem of preventive dentistry must be bound up with factors which lie deeper than those which have hitherto claimed the attention of the dental profession.* (Italics are ours.) Whatever shape future propaganda and education may take and “whatever emphasis is to be placed upon the danger which starchy foods and sweets constitute in actively producing dental caries, an equal insistence should be laid upon the importance of a properly balanced diet and sunlight as factors controlling the development of the dental tissues and bone of the jaws.”

Great Britain

The Advisory Committee of Public Health of the Trades Union Congress and Labor Party has given careful consideration to the manner in which school dental treatment may be rapidly extended as one of the most urgent and important means of promoting the course of public health and of checking at their source those tendencies towards ill health and disease, early neglect of which continues to have such deleterious effects on the national well-being.

There are two directions in which the remedy for the present appalling dental conditions among the young may be sought with the prospect, if the means are consistently pressed, of a speedy improvement and of ultimate beneficial effect upon the health of the adult. *First*, by the supply in every local educational area of adequate skilled dental service so that carious teeth may receive appropriate treatment by such operative measures as may be necessary and the baneful effects of oral sepsis checked and prevented

from spreading. *Second*, the provision in every school dental clinic of efficient nursing and other assistance so that the dentist is relieved of all his non-professional work and is thus left free to devote his entire time to operative treatment.

The committee would urge that the following be pressed upon the authorities as affording the most speedy and effective means of solving the problem of school dental treatment. 1. By pressing schemes of general propaganda in public health, and particularly of propaganda in oral hygiene to educate parents and children in the essential elements of dental health. 2. By requesting the Board of Education to put into operation the section of the Education Act, 1918, which makes the provision of satisfactory facilities for medical and dental inspection and treatment compulsory on local education authorities. 3. By calling attention to the need for the abolition of the petty system of charging small sums in payment for dental treatment, which strong evidence shows to have checked the development of this important branch of the health service. 4. By adequate staffing up the school dental service with qualified dental surgeons, assisted by certificated nurses and dental hygienists, who shall be trained to assist the dentist to the utmost limit in manner similar to the assistance given by those nurses to the school medical officer. 5. By linking up the school dental service here indicated with an equally effective system of dental treatment in maternity and child welfare clinics on the one hand, and with the national health service on the other. 6. By the general acceptance on the part of local education authorities of the conditions of a satisfactory dental scheme and equipment of dental clinics set forth in the report of the chief medical officer to the Board of Education for 1923 on the health of the school child. (*The British Journal of Dental Science*, June, 1925.)

J. H. Badcock, president of the British Dental Association, in the

course of his presidential address remarked that it is the duty of the individual to pray daily, "Give me a clean mouth, O Lord!" remembering that "God helps those who help themselves"; to choose the right food as far as he is able, to brush his gums and teeth with common salt after breakfast and after supper, and to visit the dentist once a year. "So may we look forward to the time when the dental profession shall perish from off the face of the earth; but it will not be in our day, or in our children's day." (*The Western Dental Bulletin*, July, 1925.)

Spain

In a resumé of the opinions on the significance of "septic teeth," Dr. Jaime Pons comes to the conclusion that in the presence of devitalized teeth with complications the best thing, save rare exceptions, is their extraction, a return to the general practice of half a century ago. Much of this has been caused by the more intimate knowledge of the relationship between oral sepsis and general disease, but also by the indiscriminate devitalizing of teeth for abutments for crowns and bridges without proper treatment of the canals. Pons claims that the Spanish profession have not yet appreciated the importance of those latent septic foci, exposed so lucidly in the literature of recent years, especially in the United States. (*La Odontologia*, February, 1925.)

Belgium

In considering the propagation of chronic gingivitis, Professor Pôlet, of the Belgian Stomatological Institute, reiterates his often posed question of whether it can be conscientiously stated that the toothbrush as it is generally used has prevented more decay than it has caused and whether, as regards gums and pyorrhea, it has done more good than harm. Without speaking of the toothbrush as an etiological factor in decay at the gingival margin, the interproximal spaces, and in the origin of destruction of the gum tis-

sues, the ligaments, and the alveolar tissues, with infection following such lesions, Pôlet points to the frequency of minor traumas and infection of the gum tissue through hard toothbrushes used vigorously, yet inadequately. In addition to the mechanical destruction of tissue, both soft and hard, an unsterilized toothbrush is certain to inoculate a variety of microbes into the gums and to cause finally a chronic gingivitis which he calls a chronic "pseudo Vincent." (*Annaels Belges de Stomatologie*, July, 1925.)

France

Raymond Thibault gives a very able survey of the three phases of opinion concerning accidents of the first dentition in his thesis published by *La Semaine Dentaire*.

Up to 1750 the school of Hippocrates prevailed, inasmuch as all and sundry systemic disturbances in the infant were traced to the eruption of the teeth, until at the beginning of the nineteenth century the importance of organic predisposition was duly recognized. The latter half of the last century saw a complete reaction and the reversion to an absolute negation of the interrelation between dentition and general disease. During the last three decades clinical observation, however, has gone to show in certain infants at the period of dentition either local inflammation of the pericoronal cavity, an infection of which may spread to the mucosa of the mouth (stomatitis, gingivitis, etc.), or regional reflex disorders (hypersalivation, etc.), or general ones (fever, nervous, digestive, pulmonary troubles). Of the three modern theories, the one of microbial infection has retained a greater number of partisans than the theory of organic predisposition.

Thibault himself is inspired chiefly by the third, the reflex theory, which makes him sum up the situation thus, very interestingly, indeed: As a result of the pericoronal infection or of an anatomical disturbance in the ascension of the crown, the process of dentition

causes an irritation of the gingival network of the trigeminus. The excitation is transmitted by the centripetal route of the fifth pair until it reaches the bulbar portion, where it reflects on to the different motor centers of the parasympathic and, in particular, to the organic centers of the vagus attached to this system. From this result different disorders in the domain of innervation of these nerves if they have been put previously into a state of morbid sensibilization and hyperreflectibility by an inherited or acquired morbid predisposition (neuropathic heredity, endocrin dysfunction, defective alimentation).

In the *Journal Officiel* of April 11, 1925, is announced the creation of an oral hygiene commission at the Ministry for Labor and Hygiene, under the presidency of the Minister and the vice-presidency of two senators and two deputies. The 21 other members of this commission belong to the flower of French dentistry, counting, among others, such renowned men as Drs. Blatter, Croës, Frison, Friteau, Raton, Viau, Villain, etc. (*La Presse Dentaire*, May, 1925.)

Ch. Mussat strikes a very resounding note in a plea to the dental profession for the broadening of their educational efforts towards vulgarization of hygiene among the

people. The dentist comes in daily contact with a mass of people of the most divers strata of humanity; while the gospel of oral hygiene is naturally the first to be preached by the dentist, Mussat considers his obligations to humanity from a much higher plane, and is of the opinion that the dentist should go in this education of his patients far beyond the confines of his profession, and his efforts should embrace the precepts of hygiene in its widest significance.

L. C. Barail has written a popular article on the necessity of the toothbrush for the schools in *Paris-Soir*, this being the first instance in which the daily press gives some serious attention to oral hygiene. *Ibid*, June, 1925.

Brazil

In the school group "Dr. Almeida Vergueiro" in Pinhal will be opened shortly the dental clinic "D. Lucinda Motta."

Over eighty dentists have already volunteered their free services for the Dental Clinic for Children recently opened in Rio de Janeiro under the direction of Prof. Frederico Eyer. Each dentist gives one-half day of his time per week to the institution. (*Revista Odontologica Brasileira*, No. 2, 1925.)

A Correction

In October ORAL HYGIENE there was printed on page 1849 a photograph of Dr. Morinosuke Chiwaki. Through error only a single line of the explanatory text appeared. The complete text follows:

Tokyo, September 2d.—*Associated Press*.—The honorary degree of doctor of laws recently was conferred upon Dr. Morinosuke Chiwaki, president of Tokyo Dental College, by Loyola University of Chicago. It was the first time such a degree has been conferred upon a Japanese dental surgeon. Dr. Chiwaki, known as the "father of dentistry in Japan," received the degree in the presence of a large assemblage of Japanese and Americans. It was presented to him by the late American Ambassador, Edgar A. Bancroft.

What of Your



I can count my assets at only five or six thousand dollars.

our Old Age?

By
F. C. D.



OR the purposes of this article, let us divide all mankind, like Gaul, into three parts. Let us consider that the first part is composed of those whose income is so much greater than their living expenses, that they need not consider the future to the extent that it becomes necessary for them to provide through their own efforts, for old age and emergencies.

The second is made up of those whose incomes exceed their living requirements by a variable amount and who must, if they hope to be self-supporting in their old age, acquire a suitable income during their producing years to make themselves independent when this period ends. The third will include those whose income, for one reason or another, is less than enough to provide a living or is only equal to doing so.

These reminiscences, which will amount almost, if not quite, to a confession, may be of aid to those who place themselves in the second class and to those in the third class who expect to enter the second. Those of the first class, as a rule, have no guarantee that they will not also enter this second class, so possibly they may find a lesson here also.

At the time of this writing I am fifty years of age. I have been practicing my profession

just twenty-five years. I graduated from one of the large universities of the middle west, with a debt of about fifteen hundred dollars, and unbounded visions of the future.

Hundreds of fine young men have done the same thing every year since, and hundreds will continue to do so. During the first year of my practice I applied all the funds that I received over and above living requirements to the payment of my debts.

In slightly over a year they were paid and I was free to work out my own destiny. Figuring that the first year of a practice or a business is usually the least productive, and that it will normally increase in productivity as the years go on, up to certain limits, there can be no question that when I say that over this period of twenty-five years I could have saved an average of two thousand dollars a year, I am making a very conservative statement.

And I could have done this without denying myself or family the ordinary pleasures of life or without it being necessary to live otherwise than in a manner commensurate with my social requirements. This means that now I should have fifty thousand dollars invested. It means that with this amount yielding me an income, I could continue my work as long as I am able with no fear of the future. It

means that if I should for any reason become incapacitated to-morrow, I could live modestly on that income as long as necessary.

It means that if I were suddenly killed, my wife would be comfortably provided for during the remainder of her life. It means that my boy who is now in college would be sure of his education if I should no longer be here to help him. It means all this and more. And at this period of my life I can think of nothing this side of the future life that I would rather be sure of.

Now let us consider the realities of the case. Should I become incapacitated to-morrow, or should I be cut off from this life entirely my assets might bring five or even six thousand dollars at a quick sale. That brings up a different sort of a picture, does it not? It shows my boy forced to give up his education. It shows my wife dependent upon him the remainder of her life. It shows any number of things that I try not to brood about too much.

You may well ask why a man who has enjoyed a good income during the past twenty-five years, who is well-educated, who has come in contact intimately with people in all walks of life and has had every opportunity to make observations pertinent to this subject, should now, at a time when his powers of producing an income may be expected to be on the decrease, find himself in this anything but enviable predicament.

Let me say first, that it is not because of any lack of thought on the subject. I have always realized that I must make suitable provision for old age. I have realized this particularly since assuming the responsibilities of a family. It is not because of lack of examples of the folly of neglect to do this. The son of a classmate of mine is delivering milk to support his mother, left practically destitute upon the occasion of her husband's sudden death. Delivering milk is a perfectly honorable occupation of course, but that boy would have had a much more enjoyable future as a professional man or business man had his father died leaving his affairs in such condition that the boy's education could have been continued.

And was it not part of the boy's birthright that he should have at least as good an education as his father had before him?

We all have pride in thinking that our children would uncomplainingly make such a sacrifice for us as this boy has done, but I think it is an American characteristic that we have advanced beyond the idea so common among some Europeans that the children are to be used as stepping stones for the parents' economic progress.

We feel I hope that the youngsters should have their chance even if we have to make sacrifices to give it to them. Also I believe the youngsters as a rule appreciate this in the proper way and do not take the attitude that



© Anne Shriber.

My boy who is now in college would be sure of his education.

the advantages are to be taken without a return in gratitude.

I may also cite the example of a lawyer who, in spite of the fact that he enjoyed a good practice, died in the public ward of a hospital and was buried at the expense of his friends. If this sounds exaggerated, I still have a cancelled check, representing my share of this contribution.

Or I may tell you of another man, who for the past three years has been dependent upon a fraternal order of which he is a member.

There are possible examples without limit. The institutions of the country are full of them. I do not mean that all the inmates of these institutions are there because of their failure to provide for old age, but a large percentage of them are. The

American Dental Association sells seals to its members each Christmas, for the purpose of providing a relief fund for its needy members.

All of which makes it appear as though I have no excuse at all for my failure to do as I have always known I should do. True. I have no excuse.

But I think I can give you the reasons. They are, according to my understanding, two in number.

The first is simply procrastination. This is largely self-explanatory. I have never realized until lately that the time to start providing for old age is *now*, not some future time. I have always felt that there was really no great hurry about the matter. I have always felt that if I failed to lay aside a certain

amount during a given year, I could easily make it up during some other year. I failed to realize that it is the regular, consistent, even though modest, saving that shows the results in the long pull.

Consequently, if it came to a choice between saving a sum of money and using it for something that I wished, but didn't need, I had no hesitation about spending, with the intention, of course, of making it up. And needless to say, I seldom made it up.

Also instead of considering that money which I did save, as a sum to be used only in extreme emergency, I had no hesitation about borrowing from it whenever I felt so inclined. These borrowings proved to be of a permanent nature.

The second reason was the wish to acquire money quickly, without going through the long process of saving it. I have always been willing to work hard for my living, but the saving of the money earned was almost like earning it over again.

Like most people I wished to take a portion of my earnings, invest it, and have it quickly grow into a fortune. The attempt to accomplish this resulted in speculation, of course, and speculation, in spite of all the methods of disguising it, is the process of betting a sum of money.

And this is gambling, whether you are betting that you can pick the shell that has the little pea under it or whether you are picking the stock that is due for

a rise and backing your judgment with a deposit for margin. And countless people have spent their lives demonstrating that the only consistent winner in any gambling game is the man who runs the game.

In spite of which, and with a full knowledge of which, I have tried to beat the game in various ways, just as you probably have, and just as you probably will continue to do, unless by chance this article or some other circumstance happens to open your eyes.

I shall tell you a few of the various ways in which I have been able to dispose of my surplus money, not that the recalling of these episodes is of any pleasure to me, but that you may perhaps see what a fool I have been, and again perhaps, profit thereby. And always bear in mind that the money of which I speak was money that I did not require for living expenses and that I could have saved without any inconvenience.

Let us consider the races. Almost any healthy human enjoys seeing the ponies run — and rightly so. The spectacle of a number of thoroughbreds contending neck and neck for the winning place can alike thrill prince and peasant, millionaire and pauper.

But why anyone should delude himself with the idea that he can pick the winner often enough to win any considerable sum of money is beyond me.

Yet I tried. I spent a certain vacation in Saratoga. It would have been a very enjoyable vaca-

tion had I kept away from the bookmakers. As it was it proved a very expensive vacation and I returned home generally disgusted instead of being rested and ready for another year of work.

I tried it again in Paris while abroad on another vacation. This time I had a "system." A system is a method whereby you can lose your money in a more or less scientific manner. I did. At that it was a mighty plausible system. The only reason I refrain from explaining it to you here is the moral certainty that some of you would try it yourselves.

So much for that. I never deluded myself that I could get rich playing poker, fan tan, policy, roulette or their kindred. I have tried them all in a minor way of course. My attitude toward playing cards for a money stake may be of interest. I long ago stopped doing this, not for the moral reason, but because such games are played among friends, unless one is anxious to give his money to professionals, and after I had won money a few times from friends whom I knew could ill afford to lose, and had been obliged to take it from them or hurt their pride, the pleasure of winning rather lost its flavor.

And conversely when I lost I gave my friends credit at least for a feeling of regret on their part.

I have probably invested my money in as many get-rich-quick-schemes as the average professional man and that is quite a

comprehensive statement. The beautifully engraved stock certificates that I have in my safe, although no one of them is for any great amount, would see a couple of boys or girls through college if the face value of these certificates was what it purports to be. Needless to say they are worthless.

It took me a long time to learn that if an enterprise had any real merit or chance of succeeding, its promoters could find plenty of capital to finance it without sending gentlemanly salesmen around to my office to give me a chance to get in on the ground floor.

The story about the man who, if he had purchased a few shares of Bell Telephone when the concern was in its infancy, would now be worth a fabulous sum of money, used to sound fine to me.

There are exceptions to all rules, of course, but you may profitably ignore exceptions to the following: Never buy stock in any enterprise unless it is an established concern and your banker will recommend its purchase. Let the people who are qualified to finance new enterprises do so. Keep off the "ground floor." If you have money to invest, and you are not satisfied with the return from a savings bank account or from Liberty Bonds, seek the advice of a man whose business it is to invest money. Such men are at your service in any reliable bank or trust company. They are at the service of the small and the large investor, alike.



Seek the advice of a banker.

I imagine more people go broke playing the stock market than in any other one way. Don't think that I am going to blame the stock market, for I'm not.

I have a pretty good idea of the disaster that would happen to this country if there were no longer a Stock Exchange.

But I do question the man's judgment who, knowing little about such matters, thinks he can take his money and so play the market as to make a fortune. I tried it, so I am questioning my own judgment of course.

For more than ten years I have dabbled in stocks at one time and another. Sometimes I won a little money, sometimes I lost a little. I am not sure whether my winnings were a bit more or a bit less than my losses. Probably they were about

equal. But I do know that if I had put the time and effort that I spent in dabbling in stocks into something productive, I should be far better off now, and that if stock dabblers generally were willing to put their efforts into something productive they would be better off and society would be better off and the country would be better off.

This covers my stock market experiences up until 1922, when occurred the incident that I give credit for finally opening my eyes.

I had been dealing with an out-of-town brokerage house for some time past. This house had been recommended to me by reliable people. Its advertising was accepted by leading New York papers. I offer no criticism of these papers for what followed, but I do make the

point that, although reliable newspapers try to protect their readers in the matter of publishing advertisements, still the publishers are not infallible in the matter.

I visited this brokerage house personally. The members of the firm were also members of one of the exchanges and there was nothing to indicate that the house was other than a regular and reputable one. Nothing of the earmarks of the old familiar bucket-shop, which, after all, was recognizable for what it was and its customers were under no delusions.

Came the beginning of the bull market in 1921 and with it the thought that now I should make my security against old age. Accordingly I bought stocks on margin until I had about eight thousand dollars invested as collateral. Stocks went up. They went up fast. In January of 1922 my eight thousand dollars had grown to twenty.

I figured that by April or May the rise would be over; I should be able to close out my account, and be secure for the rest of my life. All of which was a beautiful dream, for in February my brokerage house went into involuntary bankruptcy, where it still rests and if I realize a thousand dollars out of the wreck I shall be surprised.

Probably you had a similar experience at about that time. Thousands of people did. And if you haven't had your lesson, you are welcome to the example of mine. The explanation of

course of the failure of this and other brokerage houses is that they were simply bucket shops in the guise of legitimate houses.

When their customers were winning in the rising market, it was up to them to pay or go into bankruptcy and the latter, being the more profitable course, they chose it. Things are not always what they seem, as you may have heard before. There is a sure way of buying stocks and bonds so that you will have them after you have bought them. That way consists of buying them outright and directing your broker to deliver them to your bank. Leave your money with your banker and direct him to pay for the securities when they are delivered.

If your broker objects to doing this, change brokers. If your purchase is a good one, your banker will loan you money on it. It isn't necessary for you to carry it on margin in a brokerage house.

Please don't think I am condemning all brokerage houses. I believe some of them to be conducted by the most upright and honest men in the world. But, unless you are sure of this, remember that it is *your* money that you risk.

From the foregoing you may get some idea of the reason why, at the age of fifty, I can count my assets at five or six thousand dollars.

Now for the remedy. I am in good health. Barring the unexpected, I can practice my profession for ten years more, although this is beyond the usual

age limit in my particular line.

During this ten-year period I hope to save thirty thousand dollars, not by any spectacular method, but by the good old fashioned method of putting aside a certain amount each week. To do this I have cut down my living expenses and must deprive my family of things that they have always enjoyed. This is at a time of life when there should be no necessity for cutting down.

I shall have to work hard at my calling during years that should see me relaxing and allowing a younger man to assume the burden of the more difficult phases of my work. But the point is that I have actually started to save for my old age. After twenty-five years of preparing to start, I have started.

The old familiar fable of the hare and the tortoise assured us

in our youth that the race was not always to the swift. That holds as true today as ever.

The amount that you earn through the period of your productivity, will not be the deciding factor in your old-age comfort. The amount that you regularly put aside in preparation for that old age will be the factor. Start now. You are familiar with your own circumstances.

You, and you alone know how to regulate your expenditures so that you may save each week or month. And the chances are good that you can save more than you think you can. There are numerous budget systems available if you wish to use them. The method you choose is not important.

The important part is that you choose some method and that you follow it.

And start now.

Oral Hygiene in the Philippines

Dental work in the schools of the Philippines is becoming so important that dentists so employed hold annual conferences in Manila. There are 72 dentists in this vicinity who inspect on an average of 20,000 children monthly.



A Man's Courage,-- and where it fails

A Coragem do Homem



Quando pirralho, era o terror dos colegas e dos animais semi-domesticados



Adolescente, enfrentei os maiores perigos!



Jovem, vi a morte de perto, entre refregas ardorosas, sem temores!



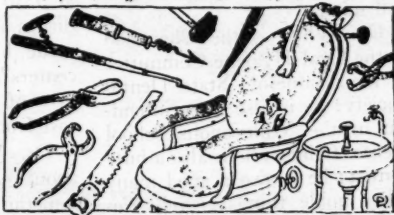
Zombo da fúria das águas procelosas, como de uma simples peixeira



As feras são para mim, um simples brinquedo



Hoje, a manhã é sempre desafio, corajoso, os elementos!



Mas, se me collocam numa cadeira de dentista....

—From A Revista da Semana (Brazil).

From childhood, through youth, to ripe manhood we prove our prowess with pals, pets, powder, planes; but when it comes to sitting in the dentist's chair !



Dr. F. Denton White.

IN Minneapolis, an office, about six by six, a big safe, a big filing cabinet, a big desk, a big bookcase, and—the biggest thing of all—Dr. F. Denton White. Not so big of body as of heart and mind.

Dr. White is the Chairman of the Oral Hygiene Committee of the Minnesota State Dental Society; he is also Superintendent of the Minneapolis School Dental Clinics; he is also a busy dentist; he is also a good many other noble things; rarely can you see so much emanating from so small an office; but over and above all Dr. White is King Hi Gene for the children of the Northwest.

The Court

I have seen in my time the Cunninghams, and the Jessens and scores of others, have listened to them and admired their work and their zeal.

Yet never have I sat as spell-bound as when I listened to Dr. White tell me about his work among the children up there, both in the schools and as the Monarch of the Court of Gold Medal.

In an early issue of ORAL HYGIENE Dr. White himself will give you the entire story of one phase of his work.

Figures speak for themselves, so they say—Dr. White started his Court in December, and by June he had in the neighborhood of 14,000 loyal subjects—14,000 children of all ages, scattered over the country, in city and on farms, in mansions and cottages, pledged to observe the rules and regulations of the Court, listening in on the radio every Friday at 5:30 p. m. to the songs and ditties and speeches and contests made by the “hundred percenters” among the school children of Minneapolis and broadcast from WCCO by them.

Dr. White does not bother about educating the elders in something which they believe to be beneath their dignity to listen to; his efforts are concentrated in making oral hygiene a deeply rooted and early acquired habit with the children as well as one

our of King Hi Gene

BCHAS. W. BARTON

of the dearest childhood experiences.

Fortunate in the ready co-operation of the Gold Medal Radio Station and the local press, Dr. White has succeeded in putting over his scheme in a remarkably short time; and since it began to move it has taken on more import day by day from within itself; the enthusiasm of the children is the one and only force now behind the scheme, and the children do all the actual work for the other children under the guidance of their dearly beloved King Hi Gene.

The fascination inherent in listening to Dr. White is not in

the subject alone, but rather in his sincere modesty which makes one forget the man over the magnitude of his success.

He never speaks about what he is going to do—rather about what he has done. His very real work as a school dentist might go unnoticed among similar work in other parts of the country, were it not for the mastery with which he has undertaken to enthuse the children in oral hygiene by holding out to the “hundred percenters”—and it must be a whole class of hundred percenters—the promise of the excitement of broadcasting over the radio with the knowl-



Minneapolis Journal Photo.

Dr. F. Denton White as Court Physician talking to a group of children. These children are dressed in costumes representing bad teeth.

edge that 14,000 other children are listening to them!

Thus Dr. White has changed, with one stroke of genius, the drabness of a school topic for the children into the delightful sensation of striving after a rare prize well worth the trouble of clean necks and hands and teeth.

Thus it comes to pass in Minnesota that King Hi Gene's loyal subjects are crying to go to the dentist—a state of affairs by

many believed to be Dental Utopia. It is hard indeed to say which is the bigger; this man's heart or his brains.

We are searching for ways and means of fertile oral hygiene work; we are looking for leaders in the movement; we could do no better than make Dr. White's way everybody's way, and fashion the leaders after him who is so constantly proving himself to be "a servant when he is King!"




Dr. White's exhibit at the Louisville meeting.



Editorials

REA PROCTOR McGEE, D.D.S., M.D., *Editor*
212 Jenkins Building, Pittsburgh, Pennsylvania

A Simplified Method of Handling the Alveolar Border

VERY considerable improvement in the preparation of the mouth for dentures after complete extraction was made through the development of the operations known as Alveolectomy and Alveolotomy.

These operations were particularly indicated where there was a considerable overhang of bony margin or where there was a distinct abnormality in the shape of the upper or lower arch. The objection to the cutting method has always been the fact that there was a possibility of removing too much tissue.

On the other hand the failure to reduce the alveolar border after extraction caused a long period of convalescence in which it was almost impossible for the patient to wear artificial dentures.

It remained for Dr. Frank W. Chandler of Hollywood, Calif., to devise a method of handling the alveolar border that is so practical and so simple that it seems to me the Chandler operation will become

the standard procedure after any considerable extraction.

Dr. Chandler's method is to have a piece of oak wood about 6 inches long, oval in shape, with the end flat and measuring one and a half inches one way and one-half inch the other.

After the extraction Dr. Chandler clips away any alveolar process that may extend below the muco-periosteum and then quickly crushes the thin alveolar border down against the hard lingual border all the way around, actually collapsing the labio-buccal aspect. He then trims away any excess of gum tissue with the scissors and the patient is dismissed with alveolar ridges that may have dentures inserted whenever he wishes.

The advantage of this method is that there is no destruction of tissue. The periosteum and its attached thin layer of bone are driven into the alveoli where the blood clot will soon organize and where the parts of alveolar border with their periosteum become centers of ossification.

It is an actual fact that following this method the healing is very rapid indeed and the alveoli are very quickly filled with bone so that the patient has a firm, smooth arch for the setting of the denture.

The method is so satisfactory and so simple that all of us wonder why we didn't think of it before Dr. Chandler did.

The Louisville Meeting

FVERY year the meeting of the American Dental Association is larger and more complicated.

It is impossible to see the whole show so the best anyone can do is to see the things that appeal most to him and read about the rest later.

This time the attendance of those who registered was better than usual, because the golf links around Louisville are not so good.

The only other drawback to proper attendance was politics which was just as bad as the golf courses. There were a lot of hazards and rough stuff.

There was less confusion than usual, probably because everyone is becoming more experienced in understanding the printed instructions.

Kosair Temple was the center of the convention with the Brown Hotel running a close second.

For the size of the city, Louisville has a surprising number of large hotels.

The trustees met in the Brown Hotel and the delegates in the Kosair Temple.

The Health Exhibit and the Manufacturers' Exhibit were also in the Kosair Temple. More people attended the Health Exhibit and Manufacturers' Exhibit than attended all the rest of the convention put together.

Every year the health department of the

A. D. A. grows in importance. The genuine interest that is shown in these graphic presentations of dental health is one of the most favorable indications of the slow, sure, but gradual evolution of dentistry from looking backward to looking forward.

Only a few years ago the whole idea was repair, now we are spending as much time and effort in our conventions in the consideration of "prevention" as we formerly did on the ways and means of substituting fillings for caries.

The section on oral surgery, exodontia and anesthesia always has a very large attendance and the section on prosthetic dentistry followed closely.

Each section is almost a convention in itself and those who follow the work of one section seldom see much of any other section.

The A. D. A. is growing bigger and better and the time is about ripe for a convention manager to be appointed to work under the direction of our very able Secretary. Our Secretary—Dr. King—has been so satisfactory for so many years that a dissatisfied member is a rarity.

There was one, however, who rose up on his hind legs in the House of Delegates and brayed for half an hour or so only to have an unanimous vote to expunge his remarks from the record.

All of which shows that in the absence

of a caucus the Delegates know what they are doing.

The next meeting will be in Philadelphia at the Sesqui-Centennial — make your reservations now !

THE men whom I have seen succeed best in life have always been cheerful and hopeful men, who went about their business with a smile on their faces, and took the changes and chances of this mortal life like men, facing rough and smooth alike as it came.—CHAS. KINGSLEY.

IT is easy in the world to live after the world's opinions; it is easy in solitude to live after our own; but the Great Man is he who in the midst of the crowd keeps with perfect sweetness the independence of solitude.—EMERSON.

HE who is silent is forgotten; he who abstains is taken at his word; he who does not advance falls back; he who stops is overwhelmed, distanced, crushed; he who ceases to grow greater becomes smaller; he who leaves off, gives up; the stationary condition is the beginning of the end.

—AMIEL.



"Septic-Antiseptic Root Canal Fillings"

By C. EDMUND KELLS, D.D.S., New Orleans, La.

EVERY now and then some poor misguided creature hits us immediate root canal fillers a slam (which, however, we don't mind, having become accustomed to them) about our *septic-antiseptic root canal fillings*.

The latest one for me to receive has just come in from our mutual good friend Samuel Pepys, Jr., D. D. S. Of course his letter was not signed that way, but it came from *him* all the same. I "got his number" all right, long ago.

This is what this good friend of mine writes me: "... when you may have killed hundreds with your 'septic-antiseptic' root canal fillings." Now isn't that interesting! Poor Samuel! How little does he know about root canal fillings, and yet he does keep such an interesting diary, does he not?

Just for this, I'll ask you to listen in on this history. In September of 1886, a young girl was thrown from her horse and her lower centrals and the left lower lateral were broken off *even with the gums*. These three teeth were crowned by me in October 1886 and were extracted *for cause* in July 1925—after thirty-nine years of use.

The left lower cuspid was broken off so far below the gum line that I did not feel like extracting it, so I said "We'll just let that root alone. Some day it will creep up to the surface, and then I can take it out without much trouble." That was wonderful advice, I will admit, but it's *history* that's being recorded here, so we have to let it go at that.

By August 1914, *just twenty-eight years later*, this root had crept up to such an extent that I said, "I believe I can fill that root canal, and if that succeeds then the root can be crowned later on." And so it was filled after having been neglected for twenty-eight years.

Here then were three rotten root canal fillings (I admit they were rotten all right) that served their purpose for thirty-nine years and the fourth one for eleven years.

During all of these thirty-nine years this lady had led a happy, an eventful, and a useful life, carrying those *septic-antiseptic root canal fillings* "unbeknowst" to herself. At the end of these thirty-nine years, it was found advisable to extract these teeth because the ray showed the apical areas anything but good and she was *suffering from a rash*.

We must all bear in mind that when a patient gets rash and goes to her doctor, he at once *goes* for her teeth. However, these three teeth surely did need to come out; even I must admit that.

Now what I'd like Brother Samuel, or anyone else for that matter, to tell me is this: In what respects would that lady have been better off if I had extracted these four roots in 1886? I await the answer.

Now for the root of the cuspid. As just stated, the root canal was filled with one of these immediate world-renowned *septic-antiseptic* root canal fillings in August 1914. In July 1925, when its three neighbors—accomplices in crime—were extracted, this root was also extracted, not that it was necessary, because the apical area did look good, but just because *we knew on general principles* that it must have been infected; and besides, it was best to extract it because a plate (beg pardon, I mean a denture) was to be made. Now notwithstanding the fact that I had filled this root canal myself eleven years ago, I just had my suspicions about this cuspid, so after extracting it, I sent it to a bacteriologist who split it open and reported its contents were "absolutely sterile."

Can you imagine that? An unfilled root, deeply buried in the jaw for years and years, then the root canal *sterilized* and filled with one of Brother Samuel's *septic-antiseptic root canal fillings*, and eleven years later the canal is proven sterile.

You may say that my bacteriologist is not competent and that the result obtained in this case is not to be relied upon. Possibly you are right; maybe he doesn't know his business—let's admit that just for the sake of argument. Well then, at the same time that I sent him this *sterile* root, I sent him another tooth which he cultured, and his report was: "Numerous colonies of streptococci. A few colonies of staphylococcus albus and citreus." It just stands to reason that if he is incompetent and his first report was wrong, then, of course, his second one must be wrong too, so in that case, this tooth *must have been sterile*.

You see, I am just as independent as a hog on ice. I believe this bacteriologist knows his business and that the first tooth was sterile and the second one infected, but if you insist that his reports are wrong, then I'll admit, just to please you, that the first tooth was infected; therefore, the second one must naturally have been sterile. Take your choice.

Here's what gets me. We show Brother Samuel, and others of his clan, a film showing a radiolucent area at the apex of a tooth. We show *him the patient* and we all agree that all the physical signs lead us to suspect a pathological condition in the bone, and the films confirm it. We then isolate the tooth in question, by means of the dam, and open into the canal and take a specimen, which, upon being cultured, produces the usual or-

ganisms found in an alveolar abscess. Then we get one of our acknowledged root canal experts—say Tom Hinman for example—to treat and fill the root canal.

One year later another picture is taken, and now we find that the radiolucent area has filled in and the usual appearance of *healthy alveolar process appears to be there*. The lamina dura, entirely absent in the picture of a year ago, is beautifully outlined. Everything appears to be normal. So we show this to Brother Samuel and clap our hands with joy and say, "Look at the result that our *septic-antiseptic root canal filling* has produced. What do you know about that?" Then we show him the patient, and the physical examination and the history of the patient corroborate the film as well as we can tell.

"Know about it? Well I know a plenty," Brother Samuel or anyone of *this clan* will reply. "That region was infected a year ago, and 'once infected, always infected' is our slogan, so it is infected and that is all there is to that."

"But look, friend, the same tooth upon the other side of the arch is without a blemish; just as good as the day it was born, and the apical areas of both teeth look exactly alike on these films. If the area about the perfectly good tooth is absolutely normal, which you must admit it is, then you must admit that the other area must be normal too." "Not at all; it looks that way, *but it must be infected.*"

Now this is, as I said before, what *gets me*. These people accept the film as proof of the fact that pathology does exist, but will not accept the film as proof of "normalcy" having been regained. Can you beat that?

Here are some statistics which I don't comprehend even a little bit—they are entirely too much for my little two by four brain.

These facts are presented by Mr. L. A. Hansen in "Life and Health":

"In 1800 the average length of life was 33 years. In 1855 the average length of life was 40 years. In 1920 the average length of life was 58 years. From 1910 to 1920 the increase of life was four years."

So far so good.

Now we know that in 1800 few *septic-antiseptic root canal fillings* were inserted, and yet the average length of life was only thirty-three years. But how about the period from 1910 to 1920, which was the heyday of root canal fillings? Gee whiz! What a lot of death-dealing *septic-antiseptic root canal fillings* were turned out of dental offices, both by the immediate root canal fillers, and by those who practiced the "endless chain" method during that period.

How many times have I been told that the cemeteries of New Orleans must be filled with my patients. And yet, in the face of all this, here comes Mr. Hansen—may the Lord bless him for it—and proves that we root canal fillers have lengthened the lives of our patients by about

fifteen or eighteen years. I say "Bully for US."

Speaking of Brother Samuel's interesting diary, just "tune in" on this. You know he is a great reporter of meetings and clinics, and we all have often enjoyed those pages from his diary. I once attended a clinic at which Brother Samuel, himself, was one of the stars. Naturally, I looked forward with the greatest of curiosity to the report (in ORAL HYGIENE) of this clinic, and my curiosity was satisfied all right.

Turning to ORAL HYGIENE for—well, never mind the issue—let me read you what he says of *his own clinic* in his inimitable way: "Dr. ——" but no, it wouldn't do to give him away. He is a good friend of mine, even if he does roast me when opportunity presents, and I just can't give you his *cheerful* description of his own clinic. I just can't.

However, let me say that his clinic was a good one, in fact about the best of its kind that I ever attended, so, as for me, *I approve of his report of it!*



Dentist: "Now I'm not going to hurt."

New Patient: "You can cut out the back-chat, old man—I'm a dentist myself!"—*Passing Show* (London).

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

HUSBAND: "Telling lies is not one of my failings."

WIFE: "No, dear, it's one of your few successes."

◆ ◆ ◆

STUDENT (to pretty co-ed): "So you are from Long Island?"

Co-Ed: "Yes, indeed—a Great Necker."

◆ ◆ ◆

Mrs. Blub from the rural districts stopped her husband at the city's busy corner.

"Hiram," she expostulated, "the way you stare at the limbs of these shameless city hussies is something scandalous. One would think you'd never seen legs before."

"Jest what I be'n a-thinking, Marie," acquiesced Mr. Blub.

◆ ◆ ◆

"How do you sell this cheese?"

"I often wonder myself, ma'am."

◆ ◆ ◆

A fool there was and he saved his rocks,

Even as you and I;

But he took them out of the old strong box

When a salesman called with some wildcat stocks,

And the fool was stripped down to his sox,

Even as you and I.

◆ ◆ ◆

PATIENT'S WIFE: "What is it, doctor? Anything contagious?"

DOCTOR: "Oh, no, just a bad case of Scotch."

BILL: "Did my wife speak at the meeting yesterday?"

JIM: "I don't know your wife, but there was a tall, thin lady who rose and said she could not find words to express her feelings."

BILL: "That wasn't my wife."

◆ ◆ ◆

MR. KOOTIESITCH: "That new fellow on the third floor boasts that he has kissed every woman in this flat except one."

MRS. KOOTIESITCH: "I'll bet that's that stuck-up Mrs. Murphy upstairs."

◆ ◆ ◆

"Last night I made an awful mistake."

"That's so? How come?"

"I drank a bottle of gold paint."

"How do you feel now?"

"Guilty."

◆ ◆ ◆

A teacher was trying to give her pupils an illustration of the word "Perserverance."

"What is it," she asked, "that carries a man along rough roads and up hills and down, through jungles and swamps and raging torrents?"

There was a silence, and then Tommy, whose father was a motor dealer, spoke up: "Please, miss," he said, "there ain't no such car."

◆ ◆ ◆

HE (ardently): "Have you never met a man whose touch seemed to thrill every fibre of your being?"

SHE: "Oh, yes, once—a dentist."